

MAINTAIN UNBROKEN FOR RECORD.
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *11*

or
Inc. Town of

or
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *4008*

Registered No. *7*

(For use of Local Registrar)

(2) Full Name of Child *Mattie King*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married *Y*

(7) DATE OF BIRTH

Jan 7 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Tom King

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg SC.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Maryland

(13) OCCUPATION

Carpenter

(20) Number of children born to mother, including present birth

One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace Finch

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg SC.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. W. Boyet*

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Spartanburg SC.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 8 1915*

(28) *E. F. Parker*
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

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